



APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE
DEPARTMENT OF ARCHIVES AND HISTORY
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 78-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334. Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date June 24, 1977	1. Agency Address Georgia Department of Human Resources Division of Mental Health & Mental Retardation - Alcohol and Drug Abuse Services Section - 618 Ponce de Leon Ave. N.E. - Atlanta, Ga. 30306	Application Number 77-172	
Application Number DHR-154		Date Received JUN 27 1977	Date Completed JUL - 6 1977
2. Person to Contact 1. Carl Willis / 2. Mary Lummus		Working Title 1. Chief, Standards Unit / 2. Secretary Telephone Number 894-4777	
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series Earliest 1975		5. Records Series Title (followed by title used in office, if different) License Application Pre-Visit Files	
Latest to date			
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? <p>The Division of Mental Health and Mental Retardation administers the programs for mental health, mental retardation, and other developmental disabilities; alcohol and drug abuse; and training and research. This Division is also concerned with community mental health, and the administration of the State mental hospitals; and rehabilitation and retardation centers State-wide.</p> <p>The Alcohol and Drug Abuse Services Section is responsible for providing program guidance and direction to all alcohol and drug abuse programs in the State. These services include the methadone treatment programs; the administration of treatment centers which include counseling, vocational rehabilitation services, and job placement; alcohol and drug abuse research and evaluation; and contract services to non-governmental drug centers.</p>			
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. <p>Documents relating to: inspecting and evaluating facilities applying for treatment and rehabilitation services to drug addicted clients.</p> <p>Included are: form SN-A-95 (Notification of Intent to Apply for Federal Assistance) which describes the project and funding needed; assurances of compliance with Title VI - Civil Rights Act of 1964 and P.L. 92-255 Drug Abuse Services Projects regulations; Site Location; Project Summary; Operational Experience; the Community and the Problem; Demographic Information; Treatment Protocol; Goals and Objectives of the Project; Statement on Training; Resident Participation; Budget information; Staffing Pattern; Job Descriptions; Biographical Sketches; Endorsements; On-Site Visit Report; Record Checklist for Outpatient Methadone Treatment Centers; Licensing Inspection Letters, stating problems and solutions; correspondence concerning results of site records checks; and related information concerning project.</p> <p>File is arranged: by program; thereunder, alphabetically by name of facility.</p>			
8. Monthly Reference Rate How often are records referred to which are: One to six months old <u>9</u> ; Seven to twelve months old <u>9</u> ; Thirteen to twenty-four months old <u>3</u> ; twenty-five months and older <u>rare</u> ?			
9. Annual Rate of Accumulation of Records Letter-size drawers <u>25</u> ; Legal-size drawers _____; Shelves _____; Other (specify) _____			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
X		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? MHMR Cost Acctg Office and Consortiums
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|----------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | 5 _____ years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☒ Calendar Year; ☐ Fiscal Year; ☐ Other _____ then.

Evaluation, Standards & Planning Unit Copy

- ☒ Hold in the current files area _____ month(s) _____ 2 _____ year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☒ Transfer to State Records Center; hold _____ 3 _____ year(s); then
- ☒ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

MHMR Cost Accounting Office Copy (Medicaid Program)

Cut off file at end of each calendar year; hold 3 years, or until no longer needed for audit purposes; then destroy.

Consortium Copy (Medicaid Program)

Cut off file at end of each calendar year; hold 3 years, or until no longer needed for reference, whichever is earlier; then destroy.

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
Carl L. Willis	6-21-77	Elizabeth M. Caines	6/21/77
State Records Committee (Signature) _____ Date _____			
State Auditor/Designee	_____	_____	7-5-77
Secretary of State/Designee	Carroll Hart	_____	7-1-77
Attorney General/Designee	_____	_____	7-5-77

Recommendations in paragraph 12 are approved.
(If disapproved, attach letter of explanation.)

APPLICANT: PLEASE ATTACH THIS NOTICE TO THE COPY OF YOUR PROPOSAL THAT
YOU FORWARD TO THE STATE AGENCY DESIGNATED OR ESTABLISHED
UNDER SECTION 409 OF P.L. 92-255.

William Wieland, MD
Director, Drug Abuse Services Section
Georgia Department of Human Resources - Division of Mental Health
TO: 615 Peachtree Street, N.E. Suite 901
Atlanta, Georgia 30309

DATE August 1, 1974

SUBJECT: Drug Abuse Services Project Grant Application

We are submitting the enclosed application entitled, "Economic Opportunity Atlanta, Inc.
Drug Recovery Program Service Grant Application"

to the National Institute on Drug Abuse for support under Section 410 of the
"Drug Abuse Office and Treatment Act of 1972," (Public Law 92-255, Title IV).

The legal authorization for support of this program states that each applicant shall
submit a copy of its application for review by the State Drug Abuse Agency. Such
State Agency shall be given not more than thirty days from the date of receipt of
the application to submit an evaluation of the proposal, including comments on the
relationship of the proposed project to other pending and approved projects and to
the State's comprehensive plan for treatment and prevention of drug abuse as required
under Section 409 of P.L. 92-255. The written evaluation, or waiver of the right
to provide such evaluation must be submitted within 30 days to:

Director, Division of Community Assistance
National Institute on Drug Abuse
11400 Rockville Pike
Rockwall Building, Room 700
Rockville, Maryland 20852

Economic Opportunity Atlanta, Inc.
Applicant Institute or Organization

H. H. McClain August 1, 1974
Director of Project Date

William W. Allison 25 July 74
Official Authorized to Date
Sign for Applicant